

**New Jersey Department of Health and Senior Services
Vaccine Preventable Diseases Program
PO Box 369
Trenton, NJ 08625-0369**

VARICELLA VACCINE STORAGE QUESTIONNAIRE

(Please print or type the following information. Return this form to the New Jersey Department of Health and Senior Services, Vaccine Preventable Diseases Program, with other enrollment forms.)

SECTION I - DIRECTORY	
Site/Facility Name	Site Number
Mailing Address (No PO Boxes)	Telephone Number ()
Name of Contact Person	E-mail Address

SECTION II - CLINIC/OFFICE RECEIVING SITES						
OFFICE DAYS/HOURS (Enter office hours below for each day)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SECTION III - REFRIGERATION/STORAGE	
<p>Dorm size refrigerators are <u>not</u> acceptable for Varicella Vaccine storage.</p>	
1. Type of refrigeration unit: Combination: _____	Stand Alone: _____
2. Does the office have a frost-free refrigerator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the office have a frost-free freezer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the temperature monitored on the refrigerator/freezer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How often is the temperature monitored on the refrigerator/freezer?	
<input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Every 6 Months <input type="checkbox"/> Never	
<input type="checkbox"/> Weekly <input type="checkbox"/> Every 3 Months <input type="checkbox"/> Yearly	
6. If you have a combination refrigerator/freezer, is the freezer compartment sealed and separate from the refrigerator section?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is vaccine ever transported outside the building from your main refrigerator/freezer storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Can you purchase, store and handle dry ice, if necessary, to transport vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are freezer temperatures measured and certified by you to range between 0-5 degrees Fahrenheit to conform with the FDA, the vaccine manufacturer and the New Jersey Immunization Program requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of person certifying temperature (print): _____	
Signature of person certifying temperature: _____	
Date: _____	